



University Recommendation for School Psychologist Endorsement

This statement must be prepared and signed by the appropriate official from the college or university where your School Psychologist Program was completed.					
Candidate Information:					
Last Name		First Name		MI	
Address					
City		State		Zip Code	
Last Four Digits of SSN		Birth Date		Former Name(s)	
To be completed by the college or university where the applicant completed his/her School Psychologist Program. Please complete the information requested below and mail this form to the licensure applicant at the address above					
Name of College/University					
City/State					
Is your institution regionally accredited?	<input type="radio"/> Yes <input type="radio"/> No	Name of regional accreditation agency:			
Accreditation of School Counselor Preparation Program	<input type="radio"/> NASP <input type="radio"/> NCATE <input type="radio"/> State <input type="radio"/> OTHER (i.e. Alternative Route, Please provide information) _____				
Type of Specialist's degree completed by candidate:	<input type="radio"/> School Psychology <input type="radio"/> Other (please describe) _____				
Type of Master's degree completed by candidate:	<input type="radio"/> School Psychology <input type="radio"/> Other (please describe) _____				
Number of hours in an Internship _____	Number of hours in a school setting _____				
<input type="radio"/> I attest that the above named candidate completed a NASP School Psychologist program.					
<input type="radio"/> I attest that the above named candidate has completed a School Psychologist program whose qualifications are equivalent to NASP training standards.					
Signature		Date		University Seal	
Printed Name		Email Address			
Title		Phone Number			